

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 23 1998 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N45468** (8)

1. Corporation Name

**HAITIAN CENTER FOR FAMILY SERVICES, INC.**

Principal Place of Business

Mailing Address

**3359 BELVEDERE ROAD  
STE. E  
WEST PALM BEACH FL 33406**

**3359 BELVEDERE ROAD  
STE. E  
WEST PALM BEACH FL 33406**

3. Date Incorporated or Qualified

**10/04/1991**

4. FEI Number

**65-0293545**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21 Same**

**26 Same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LAURENT, GUY  
3359 BELVEDERE ROAD  
STE E  
WEST PALM BEACH FL 33406**

81 Name

**Same**

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

**GUY LAURENT**

**4/2/98**

Signature, typed or printed name of registered agent and date (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE  
NAME **LAROCHE, FRANCOIS**  
STREET ADDRESS **3359 BELVEDERE ROAD, STE E**  
CITY-ST-ZIP **W PALM BCH FL**

1.1 TITLE **Jean Albert Pun D** ☐ Change ☒ Addition  
1.2 NAME  
1.3 STREET ADDRESS **300 West Atlantic Ave**  
1.4 CITY-ST-ZIP **Delray Beach, FL 33444**

TITLE **DC** ☒ DELETE  
NAME **STEVENS, KARLENE S**  
STREET ADDRESS **NORTHBRIDGE CENTER, 3 FL., 515 N FLAGLERDR**  
CITY-ST-ZIP **WEST PALM BEACH FL**

2.1 TITLE **Rosely T Barthelmy D** ☐ Change ☒ Addition  
2.2 NAME  
2.3 STREET ADDRESS **P.O. Box 20813, N/A**  
2.4 CITY-ST-ZIP **West Palm Beach, FL 33416**

TITLE **DS** ☒ DELETE  
NAME **ALEXIS, DAVID L.**  
STREET ADDRESS **2120 OKEECHOBEE BLVD**  
CITY-ST-ZIP **WEST PALM BEACH FL**

3.1 TITLE **2500 Franky D** ☐ Change ☒ Addition  
3.2 NAME  
3.3 STREET ADDRESS **11204 Mahogany Dr.**  
3.4 CITY-ST-ZIP **Boynton Beach, FL 33436**

TITLE **D** ☐ DELETE  
NAME **LECONTE, PATRICK**  
STREET ADDRESS **2000 PGA BLVD #3120**  
CITY-ST-ZIP **PALM BEACH GARDENS FL**

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **BARTLEY, DANIEL**  
STREET ADDRESS **5356 BOSQUE LN #115**  
CITY-ST-ZIP **WEST PALM BEACH FL**

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

**GUY LAURENT**

**4/2/98 (801) 471-4139**

CR2E037 (1097)